

reduce pain and improve the quality of life for millions who suffer with this disease. Cooperative efforts at every level have led to the development of a National Arthritis Action Plan, with emphasis on public health strategies to make timely information and medical care much more widely available across the country. This legislation would develop a National Arthritis Education and Outreach Campaign to educate health-care professionals and the public on successful self-management strategies for controlling arthritis.

To ensure greater coordination and intensification of federal research efforts, this legislation would create a National Arthritis and Rheumatic Diseases Summit to look at challenges and opportunities related to arthritis research within all the agencies of the Department of Health and Human Services.

For the 300,000 children who are affected by this disease, this legislation expands and intensifies research for juvenile arthritis at the National Institutes of Health through the creation of planning grants for innovative research. It also creates incentives to encourage health professionals to enter the field of pediatric rheumatology through the establishment of education loan repayment and career development award programs. These incentives would help to address the severe shortage of these specialists in our country, so that all children will have greater access to physicians trained in state-of-the-art care for arthritis.

Mr. Speaker, we need to make the necessary investments in the fight against arthritis—our nation's number one cause of disability. This legislation will improve the quality of life for large numbers of adults and children and avoid thousands of dollars in medical costs for each patient. I urge all my colleagues from both sides of the aisle to support this legislation and enact it in a timely manner so millions of Americans, like Mr. Price, can live life with more hope and less pain.

SUPPORTING RESPONSIBLE FATHERHOOD AND ENCOURAGING GREATER INVOLVEMENT OF FATHERS IN THE LIVES OF THEIR CHILDREN

SPEECH OF

HON. TODD TIAHRT

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

Monday, June 14, 2004

Mr. TIAHRT. Madam Speaker, in the week following the celebration of President Reagan's life and the mourning of his death, I am reminded of the impact his legacy has left on our country and on my job as a Member of the United States House of Representatives. It also makes me think about my role as a father and the legacy I will leave for my family. What will my children say about me when I die? Will I have left a legacy to them worthy of praise and fond memories and strong self-confidence? Will they be better parents themselves because of the father I was to them? This is the legacy that will matter the most—the one I leave my children and future grandchildren.

The National Center for Fathering is based in Shawnee Mission, Kansas, and I am proud of the efforts of Founder and President Dr. Ken Canfield and his vision to equip and sup-

port fathers across the country. Thirty-nine percent of all children live in a home without their father. That's 27 million children without a stable male role model in their home. According to Focus on the Family, "Children with married parents consistently do better in every measure of well-being than their peers who have single, cohabiting, divorced or step-parents, and this is a stronger indicator than parental race, economic or educational status, or neighborhood. The literature on this is broad and strong."

The liberal Center for Law and Social Policy, a child advocacy organization, and Child Trends agree that "children do best when raised by their two married biological parents. Young men without married parents are 1.5 times more likely than those with married parents to be out of school and out of work. Young girls without married parents are twice as likely to be idle. A major study published in the Journal of Marriage and the Family found that boys and girls who lived with both biological parents had the lowest risk of becoming sexually active. Teens living with only one biological parent, including those in stepfamilies, were particularly at risk for becoming sexually active at younger ages.

White and black girls growing up in single-parent homes are 111 percent more likely to bear children as teenagers, 164 percent more likely to have a child out of marriage, and—if they do marry—their marriages are 92 percent more likely to dissolve compared to their counterparts with married parents. Where are the fathers? Single mothers have the hardest job in America, and it is past due time when fathers need to take responsibility and be a father to their children.

We celebrate Father's Day June 20th and I applaud my father-in-law and my father for the legacy they left my wife and me. I pray that my legacy to my children will be strong, loving, and proud. May God continue to bless America.

**ARTHRITIS PREVENTION,
CONTROL AND CURE ACT OF 2004**

HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 17, 2004

Mrs. ESHOO. Mr. Speaker, I'm pleased to join my colleague Representative PICKERING in introducing the Arthritis Prevention, Control and Cure Act of 2004, which authorizes programs and funding that will allow the Federal Government to better coordinate and increase our investment in efforts to prevent, treat, and care for persons with arthritis and related diseases. The bill represents the most significant Federal effort to address arthritis in a generation. The Arthritis Prevention, Control and Cure Act of 2004 addresses this important issue by:

Enhancing the National Arthritis Action Plan by providing additional support to federal, state, and private efforts to prevent and manage arthritis;

Developing a National Arthritis Education and Outreach Campaign to educate the healthcare profession and the public on successful self-management strategies for controlling arthritis;

Ensuring greater coordination and intensification of federal research efforts by orga-

nizing a National Arthritis and Rheumatic Diseases Summit to look at challenges and opportunities related to basic, clinical and translational research and development efforts;

Providing greater attention to the area of juvenile arthritis research through the creation of planning grants for innovative research specific to juvenile arthritis, as well as the prioritization of epidemiological activities focused on better understanding the prevalence, incidence, and outcomes associated with juvenile arthritis; and

Creating incentives to encourage health professionals to enter the field of pediatric rheumatology through the establishment of an education loan repayment and career development award programs.

Arthritis is the leading cause of disability in the U.S. with 70 million Americans living with a form of the disease. With the aging of the baby boomers, the Centers for Disease Control and Prevention (CDC) predicts the number of people over 65 with arthritis or chronic joint symptoms will double by 2030. Nearly 300,000 children in the United States are living with a form of juvenile arthritis. Arthritis is a painful and debilitating chronic disease affecting men, women and children alike.

Currently, the Federal investment in juvenile arthritis research is only \$23 per affected child. The CDC estimates that the annual cost of medical care for arthritis is \$51 billion, and the annual total costs, including lost productivity, exceed \$86 billion. Early diagnosis, treatment, and appropriate management of arthritis are critical in controlling symptoms and improving quality of life.

In 1975, nearly 30 years ago, Senator Alan Cranston of California introduced the last major piece of arthritis legislation. It was signed into law by President Gerald Ford. The bill, the National Arthritis Act, set our Nation on an important path in the fight against arthritis. It led to the creation of an institute at NIH focused on arthritis, and laid the foundation for a national arthritis public health strategy.

However, arthritis is still claiming the lives of millions of Americans and we must reinvigorate our research and education efforts to offer individuals with arthritis a better chance at life and eventually a cure. I believe the Arthritis Prevention, Control and Cure Act of 2004 will do just that.

**HONOR THE MEMORY OF U.S.
ARMY 2ND LIEUTENANT DONALD
AMES O'BRIAN**

HON. STEVEN C. LATOURETTE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 17, 2004

Mr. LATOURETTE. Mr. Speaker, I rise today to honor the memory of the late U.S. Army 2nd Lieutenant Donald Ames O'Brian, who served proudly as an Infantry platoon leader with Company G, 2nd Battalion, 21st Infantry Regiment, 24th Infantry Division.

O'Brian was killed in action on June 17, 1945, by an exploding Japanese artillery shell, near Calinan, Mindanao, Philippine Islands.

O'Brian was born on March 20, 1923, in Berwyn, Illinois. He was the son of Harold and Florence O'Brian, and graduated from my alma mater, Cleveland Heights High School, in June 1941. He attended Fenn College (later to become Cleveland State University), and